Primary Registration District No. 2002-Registrar's No. Registration District No. DO NOT WRITE ON THIS STUB AMENDED 1. PLACE OF BEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. COUNTY VS 300 admission) AMENDED Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits YEARS Yes 🔲 No 🗀 c, FULL NAME OF (If NOT in hospital, give location) Inside Limits (If cutside, give location) Reside on Farm سا HOSPITAL OR DAT GUINOTTE INSTITUTION Yes No No N Yes | No | 3. NAME OF DECEASED Middle DATE Dav Month Year (Type or print) OF rence DEATH IF UNDER 1 YEAR COLOR OR RACE 9. AGE (last birthday) 5. SEX 7. Married Never Married 8. DATE OF BIRTH 9-1902 IDB. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY Ving most of working life, even if retired) SO. DAKOTA USA Š 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 13a. FATHER'S NAME 16. SOCIAL SECURITY NO. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [(If yes, give war or dates of service) CAUSE OF DEATH (Enter only one cause per line PART I, DEATH WAS CAUSED BY: ONSET AND DEATH 10 CORD IMMEDIATE CAUSE (a) ö 11 NSTEAD DUE TO (b) Conditions, if any, which gave rise to above cause (a), stating the under-DUE TO (c) lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal deceased ō there a pregnancy in last 90 days. disease condition given in PART I (a) AMENDMENTS □ No ☐ Unknown 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20a. ACCIDENT HOMICIDE 19. WAS AUTOPSY SUICIDE PERFORMED? _∵□ YES | NO Month, Day, Year 20c. TIME OF Hou RIBBON INJURY ä.m. .p.m. 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20d. INJURY OCCURRED farm, factory, street, office bldg., etc.) WHILE AT WORK NOT WHILE AT WORK READ **TYPEWRITER** 21. I attended the deceased from 5:45P.M. PM. 9-20-63 and last saw her him alive on. on the date stated above, and to the best of my knowledge, from the causes stated. SHOULD 22c. DATE SIGNED 22b. ADDRESS ြင် 22a. SIGNATUR 9-dz-63 GENERAL (State) 23a. BURIAL, CREMATION, ġ REMOVAL (Specify) ITEM FUNERAL DIRECTOR SONS «(Licensed Embalmer's Statement on Reverse Side)

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

STATEMENT BY LICENSED EMBALMER

or by			· · · · · · · · · · · · · · · · · · ·		Student Embalmer No	
working under i	my personal sup	pervision.	•			
Signature of Student Embalmer				Signed	my Jepne	
•	v	, ,	• . • .		Licensed Embalmer No	
		કૃ દૂક ફક્ ર	Section 1	*	taken (R. O. Address	

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.